

Division of Health Service Regulation		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 03/12/2015
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL021008		
NAME OF PROVIDER OR SUPPLIER EDENTON PRIME TIME RETIREMENT VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 105 MARK DRIVE EDENTON, NC 27932		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller and Bob Getchell on March 12, 2015. Records indicates that the front and center areas (A, B, C wings) of this facility was first licensed or submitted on September 5, 1985 as a Home for the Aged. The facility is currently licensed for 60 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds, and applicable portions of the (1978 (Revision 5) Edition, of the North Carolina Building Code(s), Institutional Occupancy, and the 1984 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. The left back area (D wing) of the facility was built in 2010 must meet the 2009 NC State Building Code, Institutional Occupancy and the 2005 Rules for Adult Care Homes The facility is currently licensed for 60 Beds. Physical plant deficiencies were noted which require a plan of correction.	C 000		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to	C 133		

CONSTRUCTION SECTION
MAY 01 2015
RECEIVED

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

VTQJ21

If continuation sheet 1 of 11

Linda Holley, 5-1-2015
Director

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL021008

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: _____

(X3) DATE SURVEY
COMPLETED

03/12/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EDENTON PRIME TIME RETIREMENT VILLAGE

105 MARK DRIVE
EDENTON, NC 27932

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 133	Continued From page 1 ensure that all resident commodes, tubs and showers are equipped with hand grips. This deficiency affects all residents who use these fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on March 12, 2015: a. There were no hand grips (grab bar) for the commodes, tubs and showers in the following locations to include but not limited to: i. Tub in the front Spa on Hall B. 2. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on March 12, 2015: a. There were loose hand grips (grab bar) at the commodes, tubs and showers in the following locations to include but not limited to: i. Both Shower grips in the front Spa on Hall B, ii. Front Shower in Spa.	C 133		
C 135	Bathrooms-Not to Be Utilized for Storage SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (10) Resident toilet rooms and bathrooms shall not be utilized for storage or purposes other than those indicated in item (4) of this Rule; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that resident toilet rooms and bathrooms	C 135		

These items were 3/12/15
in place.

The items will be 5/8/15
corrected.

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL021008

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

03/12/2015

NAME OF PROVIDER OR SUPPLIER

EDENTON PRIME TIME RETIREMENT VILLAGE

(STREET ADDRESS, CITY, STATE, ZIP CODE)

105 MARK DRIVE
EDENTON, NC 27932

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 135	Continued From page 2 are not utilized for storage or purposes other than those indicated in rule. This deficiency affects all residents who would not have the fixtures and/or space for the services needed. Findings on March 12, 2015: a. The Bathroom were being used as storage in the following locations to include but not limited to: i. Back Spa on Hall B.	C 135		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that the outside grounds were maintained in a clean and safe operating condition. This could affect all residents, staff and visitors if the grounds are not free of obstructions and or tripping hazards. Findings on March 12, 2015: a. The new sidewalk from Hall B right exit door, through the gate does not have stable ground even with the edges of the sidewalk.	C 160	Storage items were removed -	3/18/15
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall:	C 164	New sidewalk will have stable ground even with the edges of the sidewalk	4/15/15

PRINTED: 04/14/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL021008

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

03/12/2015

NAME OF PROVIDER OR SUPPLIER

EDENTON PRIME TIME RETIREMENT VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

105 MARK DRIVE
EDENTON, NC 27932

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

C 164

Continued From page 3

- (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;
- (2) have no chronic unpleasant odors;
- (3) have furniture clean and in good repair;
- (e) This Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by:

1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions.

Findings on March 12, 2015:

- a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. The hoses are at the following locations to include but not limited to:
 - i. The front Spa on Hall B tub hose.

2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair.

Findings on March 12, 2015:

- a. The ice machine drain in the Kitchen was piped directly on to the floor receptor, resulting in the potential for the drain line to clog and contaminate the ice.
- b. The Bulk Laundry air admittance valve on drain line was missing.
- c. The connection of the commode to the floor was loose, at the following locations to include but not limited to:
 - i. Bedroom 119

C 164

Has Vacuum breaker 3/12/15
in line.

Ice machine drain 4/28/15
fixed

Connection to
Commodore fixed 4/28/15

PRINTED: 04/14/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL021008

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

03/12/2015

NAME OF PROVIDER OR SUPPLIER

EDENTON PRIME TIME RETIREMENT VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

105 MARK DRIVE
EDENTON, NC 27832

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 183	Continued From page 4	C 183		
C 183	Fire Extinguishers	C 183		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by not having emergency equipment in proper working order. Findings on March 12, 2015: a. Through-out the building, there was no documentation of the portable fire extinguisher monthly inspections on the maintenance tag.		Documentation updated	3/25/15
C 188	Electrical Outlets in Wet Locations	C 188		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles near wet areas. This would affect all residents, staff and visitors by not providing ground fault protection to these devices. Findings on March 12, 2015: a. The ground-fault circuit-interrupter (GFCI)			

PRINTED: 04/14/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL021008

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

03/12/2015

NAME OF PROVIDER OR SUPPLIER

EDENTON PRIME TIME RETIREMENT VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

105 MARK DRIVE
EDENTON, NC 27932

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X4) COMPLETE
DATE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
C 188	Continued From page 5 electrical power receptacle did not have electrical power and could not be tested for ground faults at the following locations to include but not limited to: I. Exterior near Kitchen door.	C 188	Will be tested and replaced if needed	5/8/15
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observations, the Building was not maintained in a safe and operating condition, because some fire sprinkler heads are obstructed. This could affect all residents, staff and visitors if fire is not contained in Room or compartment of origin. Findings on March 12, 2015: a. On Hall D the Porch fire sprinkler head was (loaded) covered with dust/debris. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the fire protection equipment was not maintained in a safe manner. This would affect all residents, staff and visitors by not detecting smoke and activating the fire alarm. Findings on March 12, 2015: a. The HVAC duct mounted smoke detectors	C 189		

(If continuation sheet 6 of 11)

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL021008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER EDENTON PRIME TIME RETIREMENT VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 105 MARK DRIVE EDENTON, NC 27932		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 189	Continued From page 6 above the Parlor have no access doors to inspect and clean the sample tubes. b. The gas stove in the Kitchen was creating a layer of soot on most surfaces in the Kitchen possibly interfering with the smoke detector. 3. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or Compartment of origin. Findings on March 12, 2015: a. The left Firewall had a two, two inch PVC sleeve through the fire-resistance-rated construction with no sealant in them. b. All of the attic access door were open on the front left hall (A Wing) at the time of Survey. This is not in conformance with the NC State Building Code which requires the fire-resistance-rating of the ceiling to be maintained. Interview with Maintenance indicated the attic access were open in and attempt to keep the water lines from freezing. c. Gaps around water line through ceiling assembly at Back Mech Room Hall D, d. Unprotected ceiling penetration in Med room, e. Unprotected ceiling penetration around hood suppression system and crown molding in Kitchen, f. The ceiling had one cable running through a 3/4 inch hole in the Staff Lounge, g. The ceiling had an open ended PVC sleeves containing cables that have no firestopping sealant inside then in the following locations to include but not limited to: i. Back Mech Room Hall D, ii. Soiled Utility Hall D h. The ceiling has holes in the following	C 189	Will be repaired/replaced by 5/15/15. (A) — Repaired-Replaced 4/22/15 with sealant (B) — Attic access doors 3/12/15 Closed (C) — (C) Repaired (d) will have corrected 5-6-15 (e) will have corrected 5-6-15 (F) Corrected 4-22-15 — Corrected 4-22-15		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL021008

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY
COMPLETED

03/12/2015

NAME OF PROVIDER OR SUPPLIER

EDENTON PRIME TIME RETIREMENT VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

105 MARK DRIVE
EDENTON, NC 27932

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

C 189

Continued From page 7

C 189

locations:

i. The light/fan fixture did not cover the
complete hole through the ceiling at the following
locations to include but not limited to:

aa. Corridor at Beauty Shop,

bb. Med Room.

i. Through-out the Attic, the draft stop had
multiple openings, pipe and cable penetrations.

4. Based on observation, the Building was not
maintain in a safe manner, because the integrity
of the fire-resistance-rated corridor (tunnel
construction) was breached in several locations.
This could affect all residents, staff and visitors by
not providing a safe exit corridor.

Findings on March 12, 2015:

a. The tunnel style fire-resistance-rated ceiling
construction had been damaged in the attic near
the intersection of Halls A, B, and C, even under
the walk boards.

5. Based on observation, the Building was not
maintained in a safe and operating condition,
because the exit sign, did not work or relay
directional information properly. This would affect
all residents, staff and visitors if they could not
promptly find their way to an exit during and
emergency.

Findings on March 12, 2015:

a. Hall A (an exit access corridor) has multiple
chandelier style light fixtures hanging down the
center of the corridor blocking the ability to see
two separate means of egress when you exit
most bedrooms.

6. Based on observation, the Building was not
maintained in a safe and operating condition,
because the fire rated doors in a Firewall did not
close completely and latch in order to contain
smoke/fire. This could affect all residents, staff

Areas will be
Corrected 5/6/15

Areas will be
Corrected 5/8/15

These were approved
by the Fire Marshall

Division of Health Service Regulation		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL021008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
---------------------------------------	--	--	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EDENTON PRIME TIME RETIREMENT VILLAGE

105 MARK DRIVE
EDENTON, NC 27932

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 8</p> <p>and visitors by not containing smoke/fire in the fire compartment of origin. Findings on March 12, 2015:</p> <p>a. The front leaf of the cross-corridor doors on Hall A did not latch when the fire alarm system released the doors.</p> <p>7. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on March 12, 2015:</p> <p>a. The Pantry door was equipped with hasp hardware without an override device.</p> <p>b. The panic hardware on the front leaf of the cross-corridor door on Hall A Firewall was difficult to operate.</p> <p>8. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on March 12, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. Between Bedrooms 131 and 133,</p> <p>b. The back facing headlight on the wall-mounted self-contained emergency light did not work on backup power when the test button was pushed, at the following locations to include but not limited to:</p> <p>i. Hall C located at Office.</p>	C 189	<p>Will be completed by 5/13/15.</p> <p>will be completed by 5/13/15.</p> <p>building is self sufficient due to backup generator</p>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL021008

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: _____

(X3) DATE SURVEY
COMPLETED

03/12/2015

NAME OF PROVIDER OR SUPPLIER

EDENTON PRIME TIME RETIREMENT VILLAGE

STREET ADDRESS, CITY, STATE, ZIP CODE

106 MARK DRIVE
EDENTON, NC 27932

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 9 9. Based on observation, the Building was not maintained in a safe and operating condition, by not maintaining the fire resistance of doors the 2009 NC State Building Code defines as "Incidental Use Area" requiring additional protective measures. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or fire compartment of origin. Findings on March 12, 2015: a. The Soiled Utility Room in Hall D had its door closure arm removed, b. The Kitchen had its door closure removed. 10. Based on observation, the Building was not maintained in a safe and operating condition, because some corridor doors did not resist the passage of smoke due to holes in the leaf of the doors. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on March 12, 2015: a. There were two 1/4 inch diameter holes through the door beside the door latching device in the following room: i. Office 101. 11. Based on Observation, the Building was not maintained in a safe and operating condition, because portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on March 12, 2015: a. Two portable medical oxygen cylinders were stored standing up on the floor not secured to the structure at the following locations to include but not limited to: i. Bedroom 205.	C 189	<i>will be completed by 5/6/15.</i> <i>will be completed by 5/7/15.</i> <i>will be completed by 5/6/15.</i>	

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL021008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 03/12/2015
NAME OF PROVIDER OR SUPPLIER EDENTON PRIME TIME RETIREMENT VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 105 MARK DRIVE EDENTON, NC 27932		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 199	<p>Exhaust Ventilation</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not having ventilation in areas where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. <p>Findings on March 12, 2015:</p> <ol style="list-style-type: none"> a. There was no ventilation to the following locations to include but not limited to: <ul style="list-style-type: none"> 1. Laundry Area Hall B. b. Around Bedroom 143 the exhaust duct had dislodged from the roof cap and fell to the attic floor. 	C 199	<p>All areas will be provided with exhaust ventilation 5/15/15</p> <p>Corrected 5/8/15</p>		